Foster Family Home - Corrective Action Report

Provider ID:

1-587793

Home Name:

Rebecca Dulatre, CNA

Review ID:

1-587793-9

86-401 Kawili Street

Reviewer:

Jackie Chamberlain

Waianae

HI 96792

Begin Date:

11/6/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)Home inspection for a 3 person CCFFH re-certification made

Home is in compliance with all requirements.

Compliance Manager

Primary Care Giver

Date 11/6/19

Date